Accident and Sickness Program for Exchanges

ASPE Overview

- USDOS self-funded insurance program
- Not an all-purpose policy
- Valid only while on an active grant
- **Not** intended to support an individual with chronic or long-term illness

ASPE Brochure



ASPE Coverage

- Medical coverage \$50,000. per sickness per injury
- \$25.00 deductible –grantees responsibility
- Covered for grant period on USDOS ID card in host country

Exception: You are covered for travel outside your host country if it is part of your grant.

You are not covered by ASPE for vacation or personal leave from your host country.

ASPE Coverage

- Medevac (Page 40)
 - Authorized by Embassy Medical Staff and USDOS Executive Office
 - Transported to the nearest medical facility that can provide treatment for your sickness or injury
- Repatriation of Remains (Page 40)
 - \$7,500 for grantee only
 - No personal effects
 - No dependents

Not covered

■ Pre-existing conditions (pages 25-28)

Exception: Pregnancy

- Routine eye care
- Inoculations

Pre-grant immunizations or preventive treatments (i.e. malaria medications)

■ Dental Care

Exception: to alleviate extreme pain—ASPE pays \$500.00

-		
-		
-		

Not Covere	d—Peri	lous A	Activity
------------	--------	--------	----------

 If you are injured while engaged in a perilous/dangerous activity (page 38)

> Bungee jumping Scuba diving Sky diving Rock climbing (indoor/outdoor) Hang gliding

Health Care Overseas

- Contact the local Fulbright Commission, Embassy, or Consulate for a list of health care providers
- If possible maintain current health care coverage
 ASPE will be secondary policy
- **Bring** major credit-cards or cash for emergencies
 - Majority of hospitals/clinics/ doctors require payment upfront

Dependents

- ASPE covers the grantee only
- Grantees should purchase a separate policy for their spouses and dependent children
- Page 20-21 for sampling of policies

-	

Prescriptions

 Use a USDOS Claim form—prescriptions reimbursed in full

Exception: Drug exclusions listed on pages 4-5

To file a claim

- Claim forms can be downloaded http://exchanges.state.gov/aspe
- Submit claim form with
 - 1. Copy of ID card
 - 2. Receipts
- \$25.00 will be deducted per sickness or injury from your reimbursement

Always make copies for your files

File a claim from overseas

The claim must be:

- Legible
- Include dates of service
- Doctor's name and mailing address
- What you were treated for—diagnosis
- Written description of what was done
- Itemization of charges per procedure performed
- · Currency the charges were paid

Not in ASPE brochure

Third Party Administrator

- ACS Healthcare Solutions (ACS)
 Formerly Outsourced Administrative Services, Inc. (OASYS)
 - File a claim
 - Check on a claim
 - Verify enrollment
 - Verify benefits

ASPF	contacts
AUI L	Contacts

http://exchanges.state.gov/aspe

Brochure Claims address Claim form (pdf file) Slide show (pdf file) FAQ sheet

ACS/OASYS customer Service

1-317-614-2000

Program Agency Officer

Cindy Malecki

maleckica@state.gov